

Please complete in typescript, or in bold black capitals.

Resignation of director or secretary

	Company Number	02172055
	Company Name in full	THE COMPUTER PARTNERSHIP LIMITES
* F 2 8 8 B C 2 O *		
Resignation form	Date of resignation	Day Month Year 9 1 98
	Resignation as director	as secretary Please mark the appropriate box. If resignation is as a director and secretary mark both boxes.
	NAME *Style/Title	MR *Honours etc
Please insert details as previously notified to Companies Hou	Forename(s)	ANTHONY ALFRED
	Surname se.	WROUT
	†Date of Birth tion is other than ion, please state reason	Day Month Year 28 02 38
resignat	ion, piease state reason	

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

* Voluntary details

+ Directors only.



(by a serving director / secretary / administrator / administrative receiver / receiver manager / receiver) MR & POTTEN, THE COPUTER PARTHERSHIP LTD,

Date

serving director, secretary etc must sign the form below.

Signed

DX number DX exchange

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF4 3UZ DX 33050 Cardiff

for companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for companies registered in Scotland

DX 235 Edinburgh